

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

1070824

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL

TOTAL

TOTAL

CLAIMS

10-1360 (3-77)

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100

TOTAL

TOTAL

TOTAL

CLAIMS

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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